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AADAC's Approach to Treatment

Over the years, AADAC's knowledge about treating people with alcohol, other drug or gambling problems has evolved as a result of both the changing nature of the client population and a better understanding of methods of meeting their needs. Passionate, curious, caring counsellors have brought to AADAC ideas that now underpin our approach: the transtheoretical model of change, motivational interviewing, and the concepts of resiliency and risk and protective factors.

As new concepts have been discovered and incorporated, AADAC leaders have used them to guide the development of treatment services into a continuum that fulfills client needs from detoxification to aftercare, but also offers a spectrum of treatment choices, including services offered by community agencies funded by AADAC.

This issue of *Developments* provides an overview of our treatment approach and an inside look at some of the considerations that will influence us now and in the future. For the first article, *Developments* is indebted to Barry Andres and Allan Aubry, who analyzed the underlying principles of AADAC's treatment practices, encompassing the best of our past practice and describing the ideas that guide us. In the second article, Andres elaborates on his vision of treatment at AADAC in a wide-ranging interview.

AADAC's Current Approach

Simply stated, treatment at AADAC has one purpose: to help clients to resolve substance use or gambling problems by developing the resources and skills they need to lead healthy and productive lives.

This statement reflects a lot of the fundamental assumptions that drive AADAC's approach. First, it demonstrates AADAC's focus on the client and on the problems that proceed from addictive behaviour, rather than on the addictive behaviour itself. It also reflects the pivotal role of the counsellor as the facilitator of change. And it alludes to the greater social context that can support clients and their families in recovery, and the willingness of AADAC staff to work with other service providers to meet clients' needs.

Focus on the client

The specific goals of treatment are to

- increase clients' understanding of the role alcohol, other drugs and gambling play in their

- lives, and develop clients' commitment to change
- enhance clients' ability to function well without using alcohol or other drugs or participating in gambling activities
- improve clients' family and social relationships, as these relate to recovery
- help clients and their families use social, community and mutual support systems including peer and self-help groups

Every goal is focused on the best outcome for clients and their families. AADAC counsellors do not seek to tell clients that they have an addiction problem. Nor do they seek only to stop the addictive behaviour. Instead, they explore how substance use or gambling is affecting clients' lives and offer clients the coping skills and community resources that can free them of the need to rely on addictive behaviour.

This focus on the client's particular circumstances and needs necessitates an understanding that each client is unique and complex. This necessitates a holistic response, one that incorporates biological, personal and social factors that influence substance use and other types of addictive behaviour, and examines the interaction between these factors. The biopsychosocial model underlies AADAC's treatment principles and practices. It is a broad model from which multiple theories and practices can be applied in addictions treatment, with counsellors choosing the approach that best suits a specific client.

The counsellor's role

AADAC's treatment approach is based on the transtheoretical model of change. Counsellors assess clients' readiness for change and employ appropriate strategies to help them achieve or maintain recovery.

Although the counsellor is the primary facilitator of change for most AADAC clients, treatment at AADAC is seen as a partnership between the client and the service provider. The counsellor's attitudes, skills and techniques can have a huge effect on the outcome, but the beliefs and attitudes that the client brings are at least as important to success.

Effective counsellors contribute to a strong therapeutic alliance by communicating an attitude of respect and empathy, by perceiving a client's needs and readiness to change, and by working with clients to plan treatment tailored to their needs.

The client relies on the counsellor's knowledge and skills. AADAC encourages staff to use treatment practices supported by research. The following treatment practices are currently in use:

- **motivational interviewing**, a technique to increase clients' motivation to change
- **cognitive behavioural therapies**, such as relapse prevention, marital therapy and stress management training, that help clients to understand addiction and to learn skills for dealing with personal and interpersonal problems
- **brief interventions** for clients with low to moderate dependence who are socially stable and attending outpatient counselling
- **group treatment** (for example, skill development, support, psycho-educational and process groups), a primary form of treatment delivery that is appropriate for most clients
- **assessment of clients for concurrent mental health disorders**, and collaboration with mental health services to offer clients co-ordinated and complementary support

Counsellors can also refer clients for specialized addiction treatment: methadone maintenance for opioid dependent clients is available in Edmonton and Calgary (delivered in conjunction with counselling). AADAC and the agencies it funds also offer treatment programs specifically for youth, women and aboriginal Canadians.

Beyond the client and the counsellor

Counsellors realize that just as every area of life may be affected by a client's addictive behaviour, every area of life must be considered in helping clients recover from problems related to substance use and gambling. Treatment must go beyond counselling to encompass the entire context in which a client is striving to build a healthy and supportive environment.

To help the client do this, whenever appropriate, the treatment plan involves a client's family and others who care about the client. In fact, many AADAC clients are actually seeking help so that they can cope with the consequences of someone else's addiction, even if the addicted person refuses treatment.

Client recovery is assisted not only by the help of their families but also by the resources of the community. Across Alberta, counsellors maintain close working relationships with other agencies and organizations. As part of treatment, counsellors connect clients with needed professional support (for example, physical or mental health workers and employee assistance professionals), mutual aid groups such as Alcoholics Anonymous, other addictions agencies and programs, educational and leisure programs, police and justice services, and governmental and charitable organizations that provide financial, residential or other concrete support.

In a sense, the counsellor helps the client to build a new community—one that helps him or her to reach and maintain the goals of treatment.

Related information

For more on AADAC's treatment approach and services, see these documents:

- [AADAC's Enhanced Services for Women Initiative](#)
- [AADAC Policy on Confidentiality and Disclosure Provisions of the Alcohol and Drug Abuse Act](#)
- [AADAC Policy on Harm Reduction](#)
- [AADAC Position on Addiction and Mental Health](#)
- [Building Capacity—A Framework for Serving Albertans Affected by Mental Health and Addiction Issues](#)
- [Treatment Services for Youth](#)

Treatment at AADAC

Doing the right things for the people we help

Barry Andres, vice-president of AADAC Community Services, joined the organization as a counsellor in 1986. His resumé at AADAC includes experience as a counselling supervisor in both residential and outpatient treatment, and as a problem gambling consultant, manager of the Henwood residential treatment centre, and executive director of Urban Services. The following interview reveals how his knowledge of clients and their needs informs his thinking as a senior executive.

DEVELOPMENTS: What are the main challenges facing treatment decision makers at AADAC?

BARRY ANDRES: There are two main challenges for treatment in AADAC today: one is volume and the other is meeting clients' specific needs. Alberta's population is growing rapidly, and we don't have a bottomless pit of resources to meet the resulting increase in demand for our services. We are serving more clients, and it takes dedication and creativity from our staff to ensure that we offer the right services for them.

Do treatment services need to change?

We've been treating and preventing addictions for over 55 years, so we have to remember that generally we do know the right things to do; in other words, much of what we do will stay the same, or evolve more gradually. As we showed by taking on problem gambling in 1994, while there are differences, much of what applies to one addictive behaviour applies to others.

We need to ensure we keep what is working, while also being very alert to what most needs change or improvement.

We have to keep changing services when the personal features of our clients change. For one thing, there are increasing numbers of clients who have very complex histories of addiction. By that I mean, for example, that they are using more than one substance, or a gambling client may also have a substance use problem. This increased complexity means clients may take longer to recover and it means that they may have more medical needs in detoxification. It also requires that counsellors expand their knowledge and skills. Another example of the complexity of the problems we see is that our client group has a higher incidence of mental illness than the general population. That's probably something that counsellors have known all along, and AADAC as an organization is now more aware of the importance of acknowledging the concurrence of substance abuse and mental illness. We are changing our approach to service because of this awareness.

How is this awareness changing AADAC's approach?

For one thing, we know that we can't do this alone. No single system of care has the resources and skills to provide all the services that people with concurrent addiction and mental health problems need. So we collaborate. We work with clients and their families, primary health-care providers, mental health professionals and others in the community. The point of all this collaboration is to ensure that there are no gaps in service and that people can enter the system at any point and get what they need. To get there, we have to have universally good assessment, good referral, and an effective way of sharing information between different agencies.

When AADAC staff work with the mental health system, we know that we have different strengths and different outlooks. We've realized that we can learn from each other. Through training and exchanging knowledge with mental health colleagues, addictions counsellors are getting better at recognizing the possibility of mental health problems, and are better prepared to refer clients to mental health services and to consult with mental health professionals. The same is true of mental health workers, recognizing and referring people with addictions. One way that we are facilitating this collaboration is by developing a protocol that will protect our clients' privacy while allowing service providers to share the information they need to make good clinical decisions.

Are there other ways in which services need to change?

The mental health needs of our clients aren't the only client-specific needs that we are facing. For example, there is a lot of migration to Alberta from other provinces and we also have a variety of ethnic and language groups. Meeting the resulting variety of needs is something that we have to face. We also have to be prepared for an increase in aboriginal and senior populations: these two groups are growing proportions of the population and we will have to be prepared for their particular needs.

A situation that is especially current in Alberta more than in other parts of Canada is the existence of shadow populations. With the strength of Alberta's resource sector, many people move away from family and community for employment and temporarily live where they work. They are more likely to be disconnected from both formal and informal support systems, which presents two challenges: First, they are at greater risk of harmful involvement with substances and gambling. Second, they are less likely to have the support they need to overcome these problems. So we're faced with a population that could really benefit from help, but is uniquely hard to reach. Services need to be mobile, and we need to be creative about how we deliver them.

Even if the client population never changed, there would always be an ongoing drive for improvement. Every counsellor strives to be as effective as possible, and in the same way those of us who form policies and direction for programs are always striving to be more effective, to serve people as well as we can serve them.

How is AADAC striving to be more effective?

Effective services are assessment based and community driven. In other words, we consult the clients themselves. We do rigorous assessment to ensure that we know what clients' needs are. Our work with community drug coalitions and local interagency committees keeps us aware of each community's needs. And, beyond this, we are innovative in the types of services we provide, when in the life cycle we provide them, and how we provide them.

What do you mean by innovative?

AADAC is by nature an innovative organization. But innovation doesn't always mean we bring in something completely new. Sometimes it's about bringing new emphasis to approaches that our front-line staff have already found to be effective, refining them perhaps and certainly making them more widely available to our clients.

For example, AADAC has always offered treatment to the families of people who have

addictions. But a family-centred treatment approach, which we have been more recently exploring, takes that a step further. By working with family relationships and dynamics that can contribute to addiction problems and interfere with recovery, we're making our treatment programs more effective. Not only are we improving the chances of recovery for a person with an addiction problem, we're treating an entire group of people who are all experiencing different facets of the same problem.

Another example of this type of innovation is experiential therapy. We've traditionally used this as a treatment approach for youth. Now we're finding that it is also effective with adults. Using experiential approaches encourages clients to examine how their beliefs and emotions affect their behaviour, and enhances their motivation to change.

It's really about rediscovering approaches that work, but looking at them in the new light of better evidence and improved practice.

We have also improved our effectiveness by working with and equipping those Albertans who are in the best positions to make a difference. For example, we work within the schools directly with the students and also with teachers to give them the confidence to intervene when students need help.

In the workplace, we are training managers, safety supervisors, employee assistance professionals and employees in the early identification and referral of people with substance use problems in that setting.

In the justice system, we are reaching clients through the assessment and treatment we provide through the Edmonton Drug Treatment Court for adults and the Bridges and Discovery Excel services for youth.

To summarize, then, we are being innovative by expanding the types of service we offer, looking for more effective approaches like experiential therapy, being creative in responding to trends in addictions, and working with other professions and in other places to help deliver service.

You also mentioned innovation by changing when in the life cycle we offer these services. How does AADAC do that?

We change it by thinking upstream, to where treatment merges with prevention. For example, a broader view of family-centred treatment could include programs like AADAC's Enhanced Services for Women. Our ESW counsellors work with women who are harmfully involved with substances if they are pregnant or could become pregnant. A family-centred approach addresses the wider family support they need and therefore has a broader impact.

Here is an example of delivering a family-centred program at a point where it not only treats the people we have in front of us, but also prevents the devastating consequences of addiction for future generations.

That also relates to how we deliver services.

Yes. The ESW counsellors are mobile, so they can reach women where they are. The value of this is twofold: it improves access to services, and it creates the relationships that make it more

likely that people will use those services. Again, this is something AADAC staff on the front line have been doing for a long time: delivering service in the community, together with the other services that are most relevant to the client.

At a provincial level, we are building effective relationships with government ministries, health regions, mental health services, law enforcement agencies, workplace groups and many other organizations.

Across ministries and agencies, we have begun to understand how similar our clients are, and how similarly complex their needs are. At the same time, we at AADAC are learning not to always think of ourselves as the only organization that can deliver the appropriate services. Sometimes it's about looking for ways to help other organizations better meet their needs through service agreements. These partnerships are probably the best way that our various agencies and services can share our limited resources to serve our growing client base. Ideally, these partnerships will help us all create a service model of rigorous and deliberate co-assessment, tight and immediate referral mechanisms, and co-operative case management and review.

The seamless continuum of services has always been an AADAC ideal. By that I mean we are constantly refining the spectrum of services we offer so that regardless of which services a person is seeking at AADAC, that person will be assessed and linked to programs that are appropriate to their needs. In other words, people have one point of entry to the right service for them. More recently, AADAC and our community partners have been trying to extend that idea beyond our own organizational borders. For example, we've already had success with integrating addictions services and primary health care services, through our concurrent disorders pilot projects.

With every new measure AADAC institutes, we get closer to ensuring that we do the right things for the people who need our help, even in a climate of limited resources and expanding demand. With every partnership we undertake, we understand more that it's not about us, it's about the people we serve and what we can do together to serve them. We learn from our partners and give them the benefit of our experience. In the end, the ultimate beneficiary will be the client.

The Back Page

Addictions Recovery Series

The Addictions Recovery Series provides concise, highly readable and valuable information for people in recovery from substance use and gambling problems, or for the people who care about them.

The eight colourful booklets range from seven to 28 pages in length, and measure 9 x 5½ inches (23 by 14 cm). They are an excellent value at \$40 (CAD) for a package of 50 of any one title. The item number for ordering purposes is provided after each title below.

For residents of Alberta, small quantities of these publications are available free of charge from your local AADAC office.

To order from outside Alberta, to order larger quantities or to browse for other AADAC resources, use AADAC's online resource catalogue.

(To find the catalogue from the aadac.com home page, select "Get the Facts" and choose "Resource Catalogue" from the drop-down menu.)

After Treatment: How to Support Someone in Recovery (363F) is for anyone who knows and cares about someone in recovery. It provides a glimpse into the treatment and recovery experience, as well as insights into how one may support people in recovery, and how people in recovery may support themselves. Helpful tips and information on withdrawal, cravings, relapse, addiction-related health issues, and social pressure are included.

Alcohol Withdrawal (452A) gives brief, important information on alcohol withdrawal to people in early recovery. Readers learn about short-term and long-term symptoms of alcohol withdrawal, symptoms of delirium tremens, when medical help should be sought, and how they can maintain health during withdrawal and recovery. The booklet also contains a list of detoxification centres in Alberta.

Beginning Recovery: A Personal Journal (363T) is a 15-page personal journal for people who are beginning recovery and are in withdrawal. Meant to stimulate reflection and offer hope, this resource is ideal for use in a detox setting, but can also be used in outpatient or other residential settings.

Help Others—Help Yourself: When Someone You Love Is Addicted (363H) is for those involved in a relationship with someone who has a substance use or gambling problem. This booklet takes a practical and positive approach to assist people in making positive changes, whether or not the addicted person in their life does. The booklet explains addictions, how to set boundaries and how not to enable, and offers concrete steps people can take on their own or with help from a counsellor.

Leisure and Recovery (363I) explains the fundamentals of fun in an addiction recovery context. It encourages readers to plan and follow a schedule of rewarding, healthy leisure pursuits, with tips for keeping motivated and finding low-cost (but not low-cost) recreation and community activities. This booklet also explains high-risk situations and how to avoid them without also avoiding personal enjoyment.

Nutrition and Recovery (363J) is designed to help the reader choose a diet that meets the special nutritional needs of recovery from substance use problems. The booklet outlines healthy eating guidelines, describing how and when to eat right, and how to manage specific addiction-related health and nutrition problems.

Parenting in Recovery (363M) offers information to people who can benefit from support and reassurance in their role as parents while they are in recovery from a substance use or gambling problem. It provides guidance in areas of parenthood that may be disrupted by a past addiction, including discipline, communication and emotional well-being. It also advises parents on issues they themselves may face, like insecurity, upholding integrity, and responding to children's behaviour and needs.

Relapse Prevention: Planning for Success (3630) explains relapse, why it happens and how to avoid it. The booklet encourages readers to anticipate high-risk situations and plan to deal with

them. It lists helpful strategies to prevent relapse or to manage it when it does happen, including tips to manage cravings and stress.



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